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State/Territory Name: Oklahoma MMDL

State Plan Amendment (SPA) #: 13-0009

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 3) Approved Page(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
Dallas Regional Office  
1301 Young Street, Suite 833  
Dallas, Texas 75202



**DIVISION OF MEDICAID & CHILDREN'S HEALTH - REGION VI**

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September 19, 2016

Our Reference: SPA OK 13-19

Becky Pasternik-Ikard  
Chief Executive Officer  
2401 NW 23rd Street, Suite 1A  
Oklahoma City, Oklahoma 73107

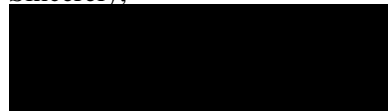
Dear Ms. Pasternik-Ikard:

The Centers for Medicare and Medicaid Services (CMS) has reviewed the proposed amendment to your Medicaid State Plan submitted under Transmittal Number (TN) 13-19. With the approval of TN 13-19, CMS has reviewed and approved the State's defined Medicaid State Agency and its delegated Medicaid authority, in accordance with provisions as outlined in 42 CFR 431.10 – 12; 431.50; and the Affordable Care Act (ACA).

TN 13-19 is approved with a retrospective effective date of October 1, 2013, as requested. A signed and dated copy of the TN summary is attached, along with the approved plan pages and their attachments.

If you have any questions regarding this matter you may contact Stacey Shuman at 214-767-6479, or by email at [stacey.shuman@cms.hhs.gov](mailto:stacey.shuman@cms.hhs.gov).

Sincerely,



Bill Brooks  
Associate Regional Administrator

CC: Billy Bob Farrell, DMCH Dallas  
Stacey Shuman, DMCH Dallas  
Melissa Heitt, CMS Baltimore

### Medicaid State Plan Eligibility: Summary Page (CMS 179)

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**State/Territory name:** Oklahoma

**Transmittal Number:**

*Please enter the Transmittal Number (TN) in the format ST-YY-0000 where ST= the state abbreviation, YY = the last two digits of the submission year, and 0000 = a four digit number with leading zeros. The dashes must also be entered.*

OK-13-0019

**Proposed Effective Date**

10/01/2013 (mm/dd/yyyy)

**Federal Statute/Regulation Citation**

**Federal Budget Impact**

	Federal Fiscal Year	Amount
First Year	2014	\$ 0.00
Second Year	2015	\$ 0.00

**Subject of Amendment**

This amendment addresses OHCA's designation as the single state agency.

**Governor's Office Review**

- Governor's office reported no comment
- Comments of Governor's office received

Describe:

- No reply received within 45 days of submittal
- Other, as specified

Describe:

Governor's Office Review is not required

**Signature of State Agency Official**

Submitted By: Tywanda Cox  
 Last Revision Date: Sep 2, 2016  
 Submit Date: Dec 17, 2013

-----  
**Date Received: 11/27/2013**

**Date Approved: 09/19/16**

**Signature of Regional Administrator:**



**Printed Name and Title: Bill Brooks, Associate Regional Administrator (ARA), Division of Medicaid and Children's Health (DMCH)**



# Medicaid Administration

State Name:

OMB Control Number: 0938-1148

Transmittal Number: OK - 13 - 0019

**State Plan Administration Designation and Authority** **A1**

42 CFR 431.10

**Designation and Authority**

State Name:

As a condition for receipt of Federal funds under title XIX of the Social Security Act, the single state agency named below submits the following state plan for the medical assistance program, and hereby agrees to administer the program in accordance with the provisions of this state plan, the requirements of titles XI and XIX of the Act, and all applicable Federal regulations and other official issuances of the Department.

Name of single state agency:

Type of Agency:

- Title IV-A Agency
- Health
- Human Resources
- Other

The above named agency is the single state agency designated to administer or supervise the administration of the Medicaid program under title XIX of the Social Security Act. (All references in this plan to "the Medicaid agency" mean the agency named as the single state agency.)

The state statutory citation for the legal authority under which the single state agency administers the state plan is:

The single state agency supervises the administration of the state plan by local political subdivisions.

- Yes
- No

The certification signed by the state Attorney General identifying the single state agency and citing the legal authority under which it administers or supervises administration of the program has been provided.

**An attachment is submitted.**

The state plan may be administered solely by the single state agency, or some portions may be administered by other agencies.

The single state agency administers the entire state plan under title XIX (i.e., no other agency or organization administers any portion of it).

- Yes
- No

Waivers of the single state agency requirement have been granted under authority of the Intergovernmental Cooperation Act of 1968.



# Medicaid Administration

The waivers are still in effect.

Yes  No

Enter the following information for each waiver:

Remove

Date waiver granted (MM/DD/YY):

The type of responsibility delegated is (check all that apply):

- Determining eligibility
- Conducting fair hearings
- Other

Name of state agency to which responsibility is delegated:

Describe the organizational arrangement authorized, the nature and extent of responsibility for program administration delegated to the above named agency, and the resources and/or services of such agency to be utilized in administration of the plan:

Oklahoma Health Care Authority (OHCA) delegates the authority to conduct fair hearings and issue final hearing decisions related to eligibility of non-MAGI individuals to Oklahoma Department of Human Services (DHS). Hearings are conducted by Administrative Law Judges who are employees of DHS. Fair hearing decisions by the DHS Administrative Law Judges may be appealed to the DHS agency director for a final decision. The Medicaid beneficiary can then file suit in district court for a review of the record.

The parties to this waiver acknowledge that the OHCA delegates the authority to make final decisions regarding designated applicants and beneficiaries as defined in the Interagency Agreement between the OHCA and the DHS. The agreement also defines the respective relationships between the OHCA and the DHS including implementation of 42 C.F.R. section 431, subpart E, and any quality control and oversight that is planned.

The DHS acknowledges and agrees in writing that it will act as a neutral and impartial decision-maker on behalf of the Medicaid agency in adjudicating all Medicaid cases and that it will comply with all applicable federal and state laws, rules, regulations, policies, and guidance governing the Medicaid program.

The methods for coordinating responsibilities among the agencies involved in administration of the plan under the alternate organizational arrangement are as follows:

The OHCA retains oversight of the State Plan and has a process to monitor the entire appeals process, including the quality and accuracy of the final decisions made by the DHS.

The OHCA ensures that every applicant and beneficiary is informed, in writing, of the fair hearing process and how to contact the DHS and how to obtain information about fair hearings from that agency.

The OHCA ensures that the DHS complies with all Medicaid related federal and state laws, regulations, and policies.

The OHCA has a written agreement with the DHS that defines the roles and responsibilities of the agencies.

Add



# Medicaid Administration

- The agency that administers or supervises the administration of the plan under Title X of the Act as of January 1, 1965, has been separately designated to administer or supervise the administration of that portion of this plan related to blind individuals.

The entity or entities that have responsibility for determinations of eligibility for families, adults, and for individuals under 21 are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act

The entity that has responsibility for determinations of eligibility for the aged, blind, and disabled are:

- The Medicaid agency
- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

The entity or entities that have responsibility for conducting fair hearings with respect to denials of eligibility based on the applicable modified adjusted gross income standard are:

- Medicaid agency
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

The agency has established a review process whereby the agency reviews appeals decisions made by the Exchange or Exchange appeals entity or other state agency, but only with respect to conclusions of law, including interpretations of state or federal policies.

Yes     No

## State Plan Administration Organization and Administration

A2

42 CFR 431.10  
42 CFR 431.11

### Organization and Administration

Provide a description of the organization and functions of the Medicaid agency.

The OHCA operates the state's Medicaid program. The OHCA is organized in seven different divisions with specified responsibilities. Each division reports to a specific chief, deputy or director. Eligibility rules are written and maintained by the agency's Health Policy department, a subset of the Federal and State Policy division. Changes to eligibility policy must be approved by OHCA's Board of Directors and the State Legislature. The OHCA is responsible for all eligibility determinations, except Aged, Blind, and Disabled (ABD) and long term care applicants. Oklahoma since 2010 has offered an online eligibility system, which presently serves MAGI populations. The OHCA Enrollment Automation and Data Integrity group have responsibility for online enrollment as well as the Eligibility and Recipient subsystems of the Medicaid Management Information System. This group ensures that eligibility policy is the basis for systematic application processing and eligibility determinations, and is housed in the Business Enterprise department, which reports to the Chief Operating Officer of the Business and Resource Services division. Additionally, the Member Services department, located in the SoonerCare Operations division under the direction of the State

TN: NO: OK: 13-19

Approval Date: 09/19/16

Effective Date: 10/01/13



# Medicaid Administration

Medicaid Director, is in constant contact with members, providers, and other stakeholders such as the legislature, and the DHS. The DHS is responsible for ABD eligibility determinations and any fair hearings regarding these determinations. The OHCA eligibility fair hearings functions reside with the OHCA Legal Services division. In summary then, four different unrelated departments (Health Policy, Enrollment and Automation and Data Integrity, Member Services, and Legal Services) within the agency are involved in the eligibility determination and fair hearing process.

Within the OHCA, fair hearings are conducted by an Administrative Law Judge, an OHCA employee located apart from the Legal Services division in Business and Resource Services, who independently renders a decision based on the preponderance of the evidence as governed by the written agreements. The OHCA fair hearing system does not provide for an agency hearing prior to review by an Administrative Law Judge. The scope of the hearings conducted by the ALJ includes hearings related to benefits and services, fair hearing of MAGI-based eligibility determinations in addition to fair hearing of eligibility and services for the ADvantage home and community-based waiver population. An additional appeal with the OHCA Executive Officer is available.

The Chief Executive Officer (CEO) is head of the agency and is responsible for managing and directing the operations and activities of 500 plus employees to achieve the stated agency mission and goals. The duties of the CEO include coordinating and promulgating current and long range goals, objectives and budgets, as well as the supervision of the daily operations of the OHCA through the direct consultation and coordination with the OHCA's executives and line management. Seven additional executive officers, all of whom report to the CEO, oversee the divisions that comprise the OHCA's organizational structure.

The Government Relations Director provides leadership to two departments, Government Relations and Tribal Government Relations.

The Deputy CEO is responsible for two groups, including Medical Services and Strategic Planning and Reform. Medical Services encompasses the following units: QA/QI SoonerCare Compliance, Medical Authorization Unit, Coding Integrity and Reporting, Medical, Dental, and DME.

The General Counsel/Chief of Legal Services is responsible for the direction, coordination and management of all phases of the Legal Services division of the agency. The Legal Services division includes the following units: Legal Services, Provider Enrollment and the Civil Rights Office.

The State Medicaid Director establishes and maintains day-to-day operations of the Medicaid program. The position directs and supervises certain operational divisions of the agency. These include the following units: Provider/Medical Home Services, Member Services, Population Care Management, Pharmacy Services, Behavioral Health Services and Insure Oklahoma.

The Chief of Federal and State Policy is responsible for the direction, coordination and management of all phases of the Federal and State Policy division of the agency. The Federal and State Policy division includes the following units: Federal and State Authorities (policy development and federal authorities), Social Supports & Outreach and Reporting and QA & Community Living Services.

The Chief Operations Officer is responsible for multiple departments in a division called Business and Resource Services. The division includes the following units: Business Enterprises, Communications, Administrative Services, Human Resources and Administrative Law Judge.

The Chief Financial Officer (CFO) is responsible for directing, coordinating and managing all phases of the multi-functional Finance division of the agency. The CFO directly oversees the operations, adequacy and soundness of the agency's fiscal structure. The Finance division includes the following units: Federal Reporting, General Accounting, Fiscal Planning and Procurement, Financial Management, Provider Rates and Analysis, Financial Services and Program Integrity.

Upload an organizational chart of the Medicaid agency.

**An attachment is submitted.**

Provide a description of the structure of the state's executive branch which includes how the Medicaid agency fits in with other health, human service and public assistance agencies.



# Medicaid Administration

The Governor is the Chief Executive Officer of the State of Oklahoma. Her cabinet consists of 12 Secretaries representing all the branches of state government.

The OHCA has extensive working relationships with the other state agencies that provide health, human services and public assistance. The OHCA is under the Governor's Cabinet Secretary for Health and Human Services. In addition to the OHCA, this includes the Oklahoma State Department of Health (OSDH), the Oklahoma Department of Human Services (DHS), the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS), the Oklahoma Department of Rehabilitative Services (ODRS), and Oklahoma Office of Juvenile Affairs (OJA).

The Oklahoma State Department of Health leads the state in strategic planning to become a healthier state. This agency is also a public health provider. OHCA and OSDH collaborate and interact on matters related to family planning, child wellness, and performance improvement initiatives.

The Oklahoma Department of Human Services is responsible for ABD and long-term care eligibility. It is the IV-A agency in Oklahoma. In determining eligibility, the DHS performs all related functions, including processing renewals and conducting verifications. Foster care and child welfare are areas of specialty for DHS. DHS is responsible for operating five Home and Community Based Services waivers for the aged, persons with physical disabilities and persons with intellectual disabilities. OHCA and DHS have multiple interactions regarding eligibility and member services on a daily basis.

The Oklahoma Department of Mental Health and Substance Abuse Services is responsible for providing public health services relating to mental illness and substance abuse. ODMHSAS supports a continuum of programs from community-based treatment and case management to acute inpatient care.

The Oklahoma Department of Rehabilitative Services expands opportunities for employment, independent life and economic self-sufficiency by helping Oklahomans with disabilities bridge barriers to success in the workplace, school and at home. ODRS is comprised of five program divisions: Vocational Rehabilitation Division, Visual Services Division, Disability Determination Division, Oklahoma School for the Deaf, and Oklahoma School for the Blind.

The Oklahoma Office of Juvenile Affairs is responsible for planning and coordinating statewide juvenile justice and delinquency prevention services. OJA is also responsible for operating juvenile correctional facilities in the State.

## Entities that determine eligibility other than the Medicaid Agency (if entities are described under Designation and Authority)

Remove

Type of entity that determines eligibility:

- Single state agency under Title IV-A (in the 50 states or the District of Columbia) or under Title I or XVI (AABD) in Guam, Puerto Rico, or the Virgin Islands
- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- The Federal agency administering the SSI program

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

In determining eligibility, the Oklahoma Department of Human Services performs all related functions, including processing renewals and conducting verifications.

Add

## Entities that conduct fair hearings other than the Medicaid Agency (if are described under Designation and Authority)

Remove





# Medicaid Administration

Type of entity that conducts fair hearings:

- An Exchange that is a government agency established under sections 1311(b)(1) or 1321(c)(1) of the Affordable Care Act
- An Exchange appeals entity, including an entity established under section 1411(f) of the Affordable Care Act

Provide a description of the staff designated by the entity and the functions they perform in carrying out their responsibility.

Add

Supervision of state plan administration by local political subdivisions (if described under Designation and Authority)

Is the supervision of the administration done through a state-wide agency which uses local political subdivisions?

- Yes  No

The types of the local subdivisions that administer the state plan under the supervision of the Medicaid agency are:

- Counties
- Parishes
- Other

Are all of the local subdivisions indicated above used to administer the state plan?

- Yes  No

## State Plan Administration

A3

### Assurances

42 CFR 431.10  
42 CFR 431.12  
42 CFR 431.50

### Assurances

- The state plan is in operation on a statewide basis, in accordance with all the requirements of 42 CFR 431.50.
- All requirements of 42 CFR 431.10 are met.
- There is a Medical Care Advisory Committee to the agency director on health and medical services established in accordance with meeting all the requirements of 42 CFR 431.12.
- The Medicaid agency does not delegate, to other than its own officials, the authority to supervise the plan or to develop or issue policies, rules, and regulations on program matters.

Assurance for states that have delegated authority to determine eligibility:

- There is a written agreement between the Medicaid agency and the Exchange or any other state or local agency that has been delegated authority to determine eligibility for Medicaid eligibility in compliance with 42 CFR 431.10(d).

Assurances for states that have delegated authority to conduct fair hearings:



# Medicaid Administration

- There is a written agreement between the Medicaid agency and the Exchange or Exchange appeals entity that has been delegated authority to conduct Medicaid fair hearings in compliance with 42 CFR 431.10(d).
- When authority is delegated to the Exchange or an Exchange appeals entity, individuals who have requested a fair hearing are given the option to have their fair hearing conducted instead by the Medicaid agency.

Assurance for states that have delegated authority to determine eligibility and/or to conduct fair hearings:

- The Medicaid agency does not delegate authority to make eligibility determinations or to conduct fair hearings to entities other than government agencies which maintain personnel standards on a merit basis.

## PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 40 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

V.20160722

## Medicaid State Plan Eligibility: General Information

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**State/Territory name:** Oklahoma  
**Transmittal Number:** OK-13-0019

**General Information:**

**Submission Title:**

*short (under 100 characters) label used to identify this submission in the web application*

Single State Agency OK-13-0019

**PDFs superseded by this SPA**

**(Include Transmittal Number):**

Sections 1, 1.1, 1.2 and 1.3 are superseded and section 1.4 is partially superseded with the State Medical Care Committee being superseded and the Tribal Consultation Requirement not superseded. Attachments 1.1 A, 1.2A, 1.2B, 1.2C and 1.2D are also superseded. The new state plan pages are A1-A3, attachment of attorney general certification, and attachment of organizational charts.

**Description:**

This amendment addresses OHCA's designation as the single state agency.

Section 1

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State: Oklahoma  
Date Received: 27 November, 2013  
Date Approved: 19 September, 2016  
Effective Date: 1 October, 2013  
Transmittal Number: 13-19

TN 13-19  
Supersedes TN 95-06

Approval Date 9/19/16

Effective Date 10/1/13

Section 1.1

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State: Oklahoma  
Date Received: 27 November, 2013  
Date Approved: 19 September, 2016  
Effective Date: 1 October, 2013  
Transmittal Number: 13-19

TN 13-19

Approval Date 9/19/16

Effective Date 10/1/13

Supersedes TN 95-06 for 1.1(a)  
80-09 for 1.1(b)  
76.51 for 1.1(c)  
95-06 for 1.1(d)  
76-51 for 1.1(e)  
76-51 for 1.1(f)

Section 1.2

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State: Oklahoma  
Date Received: 27 November, 2013  
Date Approved: 19 September, 2016  
Effective Date: 1 October, 2013  
Transmittal Number: 13-19

TN 13-19  
Supersedes TN 95-06

Approval Date 9/19/16

Effective Date 10/1/13

Section 1.3

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State: Oklahoma  
Date Received: 27 November, 2013  
Date Approved: 19 September, 2016  
Effective Date: 1 October, 2013  
Transmittal Number: 13-19

TN 13-19  
Supersedes TN 74-93

Approval Date 9/19/16

Effective Date 10/1/13

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: OKLAHOMA

Tribal Consultation Requirements

Section 1902(a)(73) of the Social Security Act (the Act) requires a State in which one or more Indian Health Programs or Urban Indian Organizations furnish health care services to establish a process for the State Medicaid agency to seek advice on a regular, ongoing basis from designees of Indian health programs, whether operated by the Indian Health Service (IHS), Tribes or Tribal organizations under the Indian Self-Determination and Education Assistance Act (ISDEAA), or Urban Indian Organizations under the Indian Health Care Improvement Act (IHCIA). Section 2107(e)(I) of the Act was also amended to apply these requirements to the Children’s Health Insurance Program (CHIP). Consultation is required concerning Medicaid and CHIP matters having a direct impact on Indian health programs and Urban Indian organizations.

Please describe the process the State uses to seek advice on a regular, ongoing basis from federally-recognized tribes, Indian Health Programs and Urban Indian Organizations on matters related to Medicaid and CHIP programs and for consultation on State Plan Amendments, waiver proposals, waiver extensions, waiver amendments, waiver renewals and proposals for demonstration projects prior to submission to CMS. Please include information about the frequency, inclusiveness and process for seeking such advice.

Oklahoma has three different tribal provider types including 638 tribal facilities, facilities operated by the Indian Health Service, and Urban Indian clinics (This collective group is referred to as Indian Tribal Units I/T/Us). The agency has quarterly meetings with all of the Indian Health Service business office managers, and meets on an as needed basis with any of the three tribal provider types, as well as conducts site visits and trainings as needed. Additionally, the agency hosts an annual tribal consultation meeting each year in which all tribal provider types are invited.

In regard to rule, waiver implementations or renewals, state plan changes, and demonstrations projects, the agency issues an I/T/U Public Notice provider letter to each I/T/U provider(s) advising them of all proposed rule, waiver implementations or renewals, state plan changes, and demonstrations projects, and/or state plan changes. The I/T/Us are encouraged to offer feedback on proposed changes. The letter is also posted to our public website under I/T/U Public Notification which is a designated place for I/T/Us updates and information. The agency also has a proposed rule change page on our public website that allows public comment on proposed rule changes and offers web alerts for future updates and comment opportunities. Notification to tribes for consultation under normal circumstances is provided at least 60 days prior to a rule change or waiver/SPA submission. In the event of abnormal circumstances (such as, but not exclusive to Federal Regulatory changes, judgments from lawsuits, etc.), I/T/Us are given as much notice for consultation as possible; if such an abnormal process has been identified, notification to tribes for consultation could be as short as 14 days prior to submission of the waiver implementations or renewals, state plan changes, and/or demonstrations projects, in conjunction with email notification to the I/T/Us of the proposed changes.

Please describe the consultation process that occurred specifically for the development and submission of this State Plan Amendment, when it occurred and who was involved.

The agency developed and issued a survey and letter to I/T/Us to ascertain if the tribes were satisfied with the current process and to offer suggestions for improvement. Of the respondents, approximately 80% indicated that they were satisfied or very satisfied with the current process.

Revised 12-01-10

State: Oklahoma  
Date Received: 27 November, 2013  
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